PART B - FEE(S) TRANSMITTAL

Complete and send t	Mail Stop ISSUE FEE Commissioner for Patents									
					P.O. Box 1450 Alexandria, Virginia 22313-1450					
			or		703) 746-4000	,		./		
INSTRUCTIONS: This for appropriate. All further co- indicated unless corrected maintenance fee notification	orm should be used for transcrespondence including the below or directed otherwisens.	smitting the ISSUE Patent, advance orde in Block I, by (a)	FEE and re and not pectfying	PUBLICATION OF THE PUBLICATION O	ATION FEE (if required from the first test of th	ired). Blocks I the vill be mailed to grand/or (b) indicates	rough 5 the currenting a sep	should be at corresponder "FI	e completed where ondence address as EE ADDRESS" for	
CURRENT CORRESPONDEN	CE ADDRESS (Note: Use Block 1 for			3	lote: A certificate of	mailing can only	be used	for dome	stic mailings of the	
000002352 7590 03/04/2005 JUN					Note: A certificate of ce(s) Transmittal. The apers. Each additional ave its own certificate	al paper, such as a e of mailing or tra	n assignn nsmission	nent or fo	rmal drawing, must	
OSTROLENK FABER GERB & SOFFEN Line A MEDICAS Certificate of Mailing or Transmission Line A MEDICAS Line A										
1180 AVENUE OF THE AMERICAS NEW YORK, NY 100368403				EMI	states Postal Service videressed to the Mai ransmitted to the USP	with sufficient pos	tage for fi	irst class	mail in an envelope	
06/03/2005 MBERHE1 00000084 10789608							0, on the	date indi		
					Max Mos	skowitz	\frown	_	(Depositor's name)	
1 FC:1501 2 FC:1504			}	<u>\</u>	- Yel - 2000			(Signature)		
3 FC:8001	30.00 OP				May	31, 2005	\neq	\rightarrow		
APPLICATION NO.	FILING DATE	FIRST NAMED INVEN			OR	ATTORNEY DOC	- 	CON	FIRMATION NO.	
10/789,608	02/27/2004			Watanabe		P/2617-2			9041	
E OF INVENTION: RADIO-FREQUENCY IDENTIFICATION SYSTEM, METHOD OF CARRYING OUT RADIO-FREQUENCY IDENTIFICATION, AND PROGRAM FOR RADIO-FREQUENCY IDENTIFICATION										
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	ISSUE FEE		LICATION FEE	TOTAL FEE(S) DUE		1	DATE DUE	
nonprovisional	NO NO	\$1400		100	\$300	\$1700			06/06/2005	
						31700 1		,	00/00/2005 - 1	
		ART UNIT		L	SS-SUBCLASS	J				
· · · · · · · · · · · · · · · · · · ·					340-572200					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR alternatively (1) or							ABER, G	ERB & SOFFEN, LLP		
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				or agents or, aremativery,						
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3							
Number is required. listed, no name will be printed.										
	RESIDENCE DATA TO B			•	•• •	ee is identified be	low the	document	has been filed for	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for condation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.										
(A) NAME OF ASSIGNEE (B)				RESIDENCE: (CITY and STATE OR COUNTRY)						
NEC ELECTRONICS CORPORATION JAPAN										
Please check the appropriate	assignee category or catego	ries (will not be printe	ed on the p	atent):	☐ Individual ☐ Co	orporation or other	private gi	oup entit	y Government	
la. The following fee(s) are	enclosed:		ayment of							
Issue Fee					unt of the fee(s) is end				•	
Publication Fee (No small entity discount permitted) Advance Order - # of Copies 10 # 30 / 0 D The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).										
Advance Order - # of	Copies 10-450/	De	The Dire	ector is hei ount Numl	reby authorized by choer	narge the required (enclose	fee(s), or an extra	credit ar	ny overpayment, to us form).	
	(from status indicated above MALL ENTITY status. See)			onger claiming SMAL					
The Director of the USPTO NOTE: The Issue Fee and Ponterest as shown by the reco	is requested to apply the Issu ublication Fee (if required) words of the United States Pate									
Authorized Signature	0x1				Date			·		
Typed or printed name Max Moskow itz Registration No. 30,576										

This collection of information is required by 37 CFR 1.31. The information is fequired to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.